

QUARTERLY STATEMENT

AS OF MARCH 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

WellCare Health Insurance Company of Kentucky, Inc.

Note President Michael Troy Meyer # (Eff 4-18-16)	Organized under the Laws of Country of Domicile	rent Period)		ny Code <u>64467</u> Employe	er's ID Number 36-6069295
Organized under the Laws of Kentucky State of Domicile or Port of Entry Kentucky Country of Domicile Lecensed as business type: Ufe, Accident & Health [X] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity John Service Corporation [] Hospital, Medical & Dental Service or Indemnity Incorporated/Organized JOSEPH SERVICE CONTROL Hospital, Medical & Dental Service or Indemnity John Service Corporation [] Hospital, Medical & Dental Service or Indemnity John Service Corporation [] Hospital, Medical & Dental Service or Indemnity John Service Corporation [] Hospital, Medical & Dental Service or Indemnity John Service Corporation [] Hospital, Medical & Dental Service or Indemnity John Service Corporation [] Hospital Maintenance Organization [] Indemnity Service Corporation [] Hospital Maintenance Organization [] No. 1 (Corporation Service Corporation [] No. 1 (Corporation Service Corporation	Organized under the Laws of Country of Domicile	•			
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Commenced Business Sethor Forward Sethor				* * *	*
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Statutory Home Office 1355 Trition Park Blud, Suite 1800 Loutsville IK, VL 94 40223	Incorporated/Organized		03/27/1962 Comme		
Main Administrative Office Street and Numbers City or Town, State, Country and 2gr Code)	· · —				_
Silvest and Numbers Charles Ch	-		(Street and Number)	(City or To	wn, State, Country and Zip Code)
Mail Address P.O. Box 31391 Primary Location of Books and Records 8736 Henderson Road Temps, PL US 38631-3391 Primary Location of Books and Records 8736 Henderson Road Temps, PL US 38634 813-200-200 (Pres Cost) Primary Location of Books and Records (Pres Cost) Primary Location (Pres Cost) Primary Loc	Main Administrative Office _	8		Tampa, FL, US 33634	813-290-6200
Primary Location of Books and Records 8735 Henderson Road (Steet and Number) (Coy or York, State, Country and 2 pc Cost) (Internet Web Site Address (Steet and Number) (Coy or York, State, Country and 2 pc Cost) (Internet Web Site Address) (Steet and Number) (Coy or York, State, Country and 2 pc Cost) (Internet Web Site Address) (Steet and Number) (Coy or York, State, Country and 2 pc Cost) (Internet Web Site Address) (Steet and Number) (Internet Web Site Address) (Internet	Mail Address	P	•	. Tampa, F	L. US 33631-3391
Internet Web Site Address Slatutory Statement Contact Mike Wasak Mike Wasak		(Street	and Number or P.O, Box)	(City or Town, St	ate, Country and Zip Code)
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Statutory Statement Contact Mike Wasik 13-20-57-20-75 Michael Wasik 13-20-57-20-75 Michael Wasik 13-20-57-20-75 Michael Wasik 13-20-57-20-20-99 Michael Wasik 13-20-57-20-20-99 FAX Number 11tle 13-20-57-20-20-99 Name	Internet Web Site Address		(Succi and Human)		Zip Code) (Nea Code) (Telephone Humber
State of State of State of Florida State of	Statutory Statement Contact		Mike Wasik	8	313-206-2725
CFA Number CFA Number CFA Number CFO, Treasurer, VP and Corp CFI 4-18-19 CFO, Treasurer, VP and Corp CFI 4-18-19 Asst Secretary and Vice President CFO, Treasurer, VP and Corp CFI 4-18-19 Asst Secretary and VP (Effect CFO, Treasurer, VP and Corp CFI 4-18-19 Asst Secretary and VP (Effect CFO, Treasurer, VP and Corp CFI 4-18-19 Asst Secretary and VP (Effect CFO, Treasurer, VP and Corp CFI 4-18-19 Asst Secretary and VP (Effect CFO, Treasurer, VP and Corp CFI 4-18-19 Asst Secretary and VP (Effect CFO, Treasurer, VP and Corp CFO and Treasurer (Resigner 18-16 Andrew Lynn Asher Asst Treasurer and CAO (Resigned Slair Williams Tod! Secretary and Sr VP (Resigner 18-16 Secretary and Secr	miahaa	المساكمانيمسار			
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Kelly Ann Munson # President Michael Troy Meyer # Asst Secretary and Vice President (Effective 4-18-16) Phillip Paul Bisesi # Asst Secretary and Vice (Effective 4-18-16) Phillip Paul Bisesi # Asst Secretary and Vice (Effective 4-18-16) Resident (Resigned 4-18-16) Asst Treasurer and CAO (Resigned 4-18-16) Asst Treasurer and CAO (Resigned 4-18-16) Bilair Williams Todt Resident (Resigned 4-18-16) Secretary and Sr VP (Resigned 4-18-16) Secretary a	Name				Title
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Michael Warren Haber # (Effective 4-18-16) Phillip Paul Bisesi # 18-16) OTHER OFFICERS Kenneth Alan Burdick Kenneth Alan Burdick Maurice Sebastian Hebert Asst Treasurer and CAO (Resigned 4-18-16) Bilair Williams Todi DIRECTORS OR TRUSTEES Andrew Lynn Asher Michael Troy Meyer # Bilair Williams Todi State of County of Ss County of Ss County of Ss The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period above, all of the harier described assets were the absolute property of the said reporting entity, if the statement, together with related exhibits, schedules and explanations therein contained, amnexed or referred to, is a full and true statement of all the assets and it and of the condition and affairs of the said reporting entity and detections therefrom for the period ended, are been completed in accordance with the NAC Annual Statement Instructions are related to accounting the period and contained and procedures, according to the been completed in accordance with the NAC Annual Statement Instructions are related to accounting practices and procedures, according to the best of their individual to the condition of the period ended, are precisely. Furthermore, the scape of this altestage flow the described-officers also includes the related corresponding electronic filing with the when required, that is an exact copy (except for formatting differences and reporting practices and procedures, according to the best of their individual to accounting practices and procedures, according to the best of their individual to a counting practices and procedures, according to the best of their individual to a counting practices and procedures, according to the best of their individual to a counting practices and procedures, according to the best of their individual to a counting practices and procedures, according to the best of their individual to a counting practices and procedures, according to	Kelly Ann Munson #	<u> </u>		Michael Troy Meyer #	
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Kenneth Alan Burdick Maurice Sebastian Hebert President (Resigned 4-18-16) Asst Treasurer and CAO (Resigned 4-18-16) Asst Treasurer and CAO (Resigned 4-18-16) DIRECTORS OR TRUSTEES Andrew Lynn Asher DIRECTORS OR TRUSTEES Michael Troy Meyer # Blair Williams Toott State of County of The officers of his reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and of the condition and stairs of the said reporting entity, see of the reporting period staded above, and of its income and deductions therefrom for the period ended, at been completed in accordance with the NAIC Annaul Statement Instituctions and Accounting Practices and Procedures manual except to the extent that (1) state is differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their informations therefrom the state that is the state and belief, respectively. Furthermore, the scope of this attainant, of the state that is the state and the	WICHEL TAITEIT TECE	,			.,
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day of day of april 2016 Laday of April 2016	County of	tity being duly s d assets were t ated exhibits, s of the said rep with the NAIC r regulations re ely. Furthermor copy (except if the enclose unson int	swom, each depose and say that they as the absolute property of the said reporting chedules and explanations therein control on the said reporting entity as of the reporting period stanual Statement Instructions and Acceptaire differences in reporting not relate to the scope of this attestation by the differences dif	gentity, free and clear from any liens or claimed, annexed or referred to, is a full and ated above, and of its income and deductiounting Practices and Procedures manualed to accounting practices and procedure escribed officers also includes the related pic filing) of the enclosed statement. The President and Corporate troller a. Is this an original but the state the arrow as a state of the cough of the cough or county or county or cough or county is not county or county	ims thereon, except as herein stated, and to true statement of all the assets and liabilitions therefrom for the period ended, and he except to the extent that: (1) state law in states, according to the best of their informatic corresponding electronic filing with the NA electronic filing may be requested by various transported by the extension of the extension
	County of The officers of this reporting entabove, all of the herein described this statement, together with related and of the condition and affairs obsen completed in accordance differ; or, (2) that state rules or knowledge and belief, respective when required, that is an exact regulators in lieu of or in addition. Kelly Ann Mi Presider The officers of the transfer of the condition of the	tity being duly s d assets were t ated exhibits, s of the said rep with the NAIC r regulations re ely. Furthermor copy (except if the enclose unson int	swom, each depose and say that they as the absolute property of the said reporting chedules and explanations therein containing entity as of the reporting period st. Annual Statement Instructions and Accepture differences in reporting not relate to the scope of this attestation by the door formatting differences one to electron distalement. The scope of this attestation by the door formatting differences one to electron distalement. The scope of this attestation by the door formatting differences one to electron distalement. Statement. State of Florida County of Hillsbord Subscribed and Swo	gentity, free and clear from any liens or claimed, annexed or referred to, is a full and ated above, and of its income and deductiounting Practices and Procedures manualed to accounting practices and procedure escribed officers also includes the related pic filing) of the enclosed statement. The President and Corporate stroller a. Is this an original but the filed of the corporate stroller a. Is this an original but the filed of the corporate stroller 5. State the area or the corporate stroller of the corporate stroller or the co	ims thereon, except as herein stated, and to true statement of all the assets and liabilitions therefrom for the period ended, and have except to the extent that: (1) state law in state and in the except to the extent that: (1) state law in state and in a st
Shair K. Robbin May Notary Public Notary Pub	County of The officers of this reporting entabove, all of the herein described this statement, together with related and of the condition and affairs obsen completed in accordance differ; or, (2) that state rules or knowledge and belief, respective when required, that is an exact regulators in lieu of or in addition. Kelly Ann Mi Presider The officers of the transfer of the condition of the	tity being duly s d assets were t ated exhibits, s of the said rep with the NAIC r regulations re ely. Furthermor copy (except if the enclose unson int	swom, each depose and say that they as the absolute property of the said reporting chedules and explanations therein containing entity as of the reporting period st. Annual Statement Instructions and Accepture differences in reporting not relate to the scope of this attestation by the door formatting differences one to electron distalement. The scope of this attestation by the door formatting differences one to electron distalement. The scope of this attestation by the door formatting differences one to electron distalement. Statement. State of Florida County of Hillsbord Subscribed and Swo	gentity, free and clear from any liens or claimed, annexed or referred to, is a full and ated above, and of its income and deductiounting Practices and Procedures manualed to accounting practices and procedure escribed officers also includes the related pic filing) of the enclosed statement. The President and Corporate stroller a. Is this an original but the filed of the corporate stroller a. Is this an original but the filed of the corporate stroller 5. State the area or the corporate stroller of the corporate stroller or the co	ims thereon, except as herein stated, and it true statement of all the assets and liabilitions therefrom for the period ended, and his except to the extent that: (1) state law it is, according to the best of their informatic corresponding may be requested by varied their provided by varied by vari
	County of	tity being duly s d assets were t ated exhibits, s of the said rep with the NAIC r regulations re ely. Furthermor copy (except i to the ericlose unson int	swom, each depose and say that they as the absolute property of the said reporting chedules and explanations therein controlling entity as of the reporting period standard Statement Instructions and Accepture differences in reporting not relate to the scope of this attestation by the door formatting differences due to respect to distance. The scope of this attestation by the door formatting differences due to respect to distance. The scope of this attestation by the door formatting differences due to respect to distance. The scope of this attestation by the door formatting differences due to respect to the scope of the	gentity, free and clear from any liens or claimed, annexed or referred to, is a full and aited above, and of its income and deductiounting Practices and Procedures manualed to accounting practices and procedure escribed officers also includes the related pic filing) of the enclosed statement. The President and Corporate stroller a. Is this an original but in the companion of the enclosed statement in the state of the companion of the enclosed statement. The provided in the enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement. The enclosed statement in	ims thereon, except as herein stated, and it true statement of all the assets and liabilitions therefrom for the period ended, and he except to the extent that: (1) state law in state in the except to the extent that: (1) state law in state in the except to the extent that: (1) state law in state in the except to the extent that: (1) state law in state in the except to the extent that: (1) state law in state in the except to the extent informatic corresponding to the best of their informatic corresponding to the extent informatic corresponding to the extent informatic corresponding to the best of their informatic corresponding with the NA extending with the NA extending their informatic corresponding to the best of their informatic corresponding with the NA extending their informatic corresponding to the best of their informatic corresponding with the NA extending their informatic corresponding to the best of their informatic co
MARGO J. BRIGG	County of	tity being duly s d assets were t ated exhibits, s of the said rep with the NAIC r regulations re ely. Furthermor copy (except i to the ericlose unson int	swom, each depose and say that they as the absolute property of the said reporting chedules and explanations therein containing entity as of the reporting period st. Annual Statement Instructions and Accepture differences in reporting not relate to the scope of this attestation by the door formatting differences one to electron distalement. The scope of this attestation by the door formatting differences one to electron distalement. The scope of this attestation by the door formatting differences one to electron distalement. Statement. State of Florida County of Hillsbord Subscribed and Swo	gentity, free and clear from any liens or claimed, annexed or referred to, is a full and aited above, and of its income and deductiounting Practices and Procedures manualed to accounting practices and procedure escribed officers also includes the related pic filing) of the enclosed statement. The President and Corporate stroller a. Is this an original but in the companion of the enclosed statement in the state of the companion of the enclosed statement. The provided in the enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement in the enclosed statement. The enclosed statement in the enclosed statement. The enclosed statement in	ims thereon, except as herein stated, and to true statement of all the assets and liabilitions therefrom for the period ended, and he except to the extent that: (1) state law in states, according to the best of their informatic corresponding to the best of their informatic corresponding helectronic filing with the NA electronic filing may be requested by various manages. Warren Haber Secretary and Vice President in all filling? Tes X No The formation of the period ended, and the secretary and vice President in all filling? Tes X No The formation of the period ended, and the secretary and vice President in all filling? Tes X No The formation of the period ended, and the secretary and vice President in all filling? Tes X No The formation of the period ended, and the secretary and vice President in all filling? The formation of the period ended, and the secretary and vice President in all filling? The formation of the period ended, and the secretary and vice President in all filling in a secretary and vice President in all filling? The formation of the period ended, and the secretary and vice President in all filling in a secretary and vice President in all filling in a secretary and vice President in all filling

ASSETS

1 2 3 Net Admitted Assets Nonadmitted Assets 1. Bonds 30,959,236 30,959,236 30,959,23 2. Stocks: 2.1 Preferred stocks 2.2 Common stocks 3. Mortgage loans on real estate: 3.1 First liens	Admitted Assets 6
Assets Nonadmitted Assets (Cols. 1 - 2)	S Prior Year Net Admitted Assets 6
1. Bonds	648,595,089 00 00
2. Stocks: 2.1 Preferred stocks	0
2.1 Preferred stocks 2.2 Common stocks 3. Mortgage loans on real estate:	00
2.2 Common stocks 3. Mortgage loans on real estate:	00
Mortgage loans on real estate:	
	00
	0 0
3.2 Other than first liens	
4. Real estate:	
4.1 Properties occupied by the company (less	
\$ encumbrances)	0
4.2 Properties held for the production of income	
(less \$ encumbrances)	00
4.3 Properties held for sale (less	
\$ encumbrances)	0
5. Cash (\$481,673,579),	
cash equivalents (\$	
and short-term investments (\$90,648,302)	
6. Contract loans (including \$premium notes)	i
7. Derivatives	
8. Other invested assets	
9. Receivables for securities	
10. Securities lending reinvested collateral assets.	
11. Aggregate write-ins for invested assets 0 0 0 0 0 000 000 000 000 000 000 000	
12. Subtotals, cash and invested assets (Lines 1 to 11)	/ 595,228,947
13. Title plants less \$charged off (for Title insurers	
only)	
14. Investment income due and accrued	7
15.1 Uncollected premiums and agents' balances in the course of	
collection	4 16.594.346
15.2 Deferred premiums, agents' balances and installments booked but	1
deferred and not yet due (including \$earned	
	0
15.3 Accrued retrospective premiums (\$	
contracts subject to redetermination (\$)	0
16. Reinsurance:	
16.1 Amounts recoverable from reinsurers	1
16.2 Funds held by or deposited with reinsured companies	
16.3 Other amounts receivable under reinsurance contracts	
17. Amounts receivable relating to uninsured plans	
18.1 Current federal and foreign income tax recoverable and interest thereon	i i
18.2 Net deferred tax asset	
19. Guaranty funds receivable or on deposit	
20. Electronic data processing equipment and software.	0 0
21. Furniture and equipment, including health care delivery assets	
(\$)	
22. Net adjustment in assets and liabilities due to foreign exchange rates	
23. Receivables from parent, subsidiaries and affiliates 39,911,265	i
24. Health care (\$	i
25. Aggregate Write-Ins for other-trian-invested assets	2
Protected Cell Accounts (Lines 12 to 25)	8 691,837,382
27. From Separate Accounts, Segregated Accounts and Protected	33.,007,002
Cell Accounts	0
28. Total (Lines 26 and 27) 718,206,324 45,882,246 672,324,07	8 691,837,382
DETAILS OF WRITE-INS	77.,20.,002
1101.	
1102.	i
1103.	
1198. Summary of remaining write-ins for Line 11 from overflow page	0
	0 0
2501 . Other non-admitted assets (prepaids)	00
2502. ASO prepayments	869,147
2503. State and other taxes recoverable	43,846,112
2598. Summary of remaining write-ins for Line 25 from overflow page	
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) 4,665,925 1,952,653 2,713,27	2 3,915,259

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAI		Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)	291,392,239		291,392,239	
2.	Accrued medical incentive pool and bonus amounts				i
3.	Unpaid claims adjustment expenses	2,793,804		2,793,804	3,048,444
4.	Aggregate health policy reserves including the liability of				
	\$ for medical loss ratio rebate per the Public Health				
	Service Act				
5.	Aggregate life policy reserves				0
6.	Property/casualty unearned premium reserve				0
7.	Aggregate health claim reserves				0
8.	Premiums received in advance				
9.	General expenses due or accrued	13,146,450		13,146,450	16,547,948
10.1	Current federal and foreign income tax payable and interest thereon (including				
	\$ on realized gains (losses))				
	Net deferred tax liability				0
I	Ceded reinsurance premiums payable				
l	Amounts withheld or retained for the account of others				0
13.	Remittances and items not allocated				0
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including			2	
	\$ current)				
i	Amounts due to parent, subsidiaries and affiliates			· ·	
16.	Derivatives				0
	Payable for securities				0
	Payable for securities lending				0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized reinsurers			0	444 004
	and \$ certified reinsurers)		*******	0	114,201
20.	Reinsurance in unauthorized and certified (\$)			0	0
	companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				_
22.	Liability for amounts held under uninsured plans			0	0
23.	Aggregate write-ins for other liabilities (including \$	47,000,400	0	47,000,400	440.004
	current)				
l	Total liabilities (Lines 1 to 23)		0		
25.	Aggregate write-ins for special surplus funds				47,539,000
26.	Common capital stock				i
i	Preferred capital stock	XXX		427 200 540	0
I	Gross paid in and contributed surplus				
29.	Surplus notes				
30.	Aggregate write-ins for other-than-special surplus funds		XXX	120 702 422	0
31.				129,793,433	114,000,090
i	Less treasury stock, at cost:				
i	32.1shares common (value included in Line 26	VVV	VVV		0
i	\$		XXX		
i	32.2shares preferred (value included in Line 27	VVV	VVV		0
i	\$				301,344,212
		XXX		672,324,078	691,837,382
34.	Total liabilities, capital and surplus (Lines 24 and 33)	^^^	XXX	012,024,010	001,001,002
	DETAILS OF WRITE-INS				
2301.	Unclaimed property payable				419,034
2302.	2016 ACA Industry Fee payable	46,616,787		46,616,787	
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page		0		0
		47,082,488	0	47,082,488	419,034
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	·			·
2501.	Estimated ACA Industry Fee (following year)				47 , 539 , 000
2502.		XXX	XXX		
2503.		xxx	xxx		
2598.	Summary of remaining write-ins for Line 25 from overflow page	xxx	xxx	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	47,539,000
					, ,
3001.		XXX			
3002.					
3003.		xxx	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page			0	0
3099.	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	xxx	xxx	0	0
0000.	Totalo (Ellies 500) tillough 5000 plus 5030) (Ellie 30 above)	////	////	U	0

STATEMENT OF REVENUE AND EXPENSES

		Current Yea	ar To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1	Member Months			1,581,375	
1	Net premium income (including \$ non-health premium income)	1		I .	
3.	Change in unearned premium reserves and reserve for rate credits	i		i .	
4.	Fee-for-service (net of \$ medical expenses)				
5.	Risk revenue			1	
6.	Aggregate write-ins for other health care related revenues	xxx	0	0	13 , 101
7.	Aggregate write-ins for other non-health revenues	xxx	0	0	0
8.	Total revenues (Lines 2 to 7)	xxx	694,418,888	683 , 768 , 118	2,763,192,173
Hospita	al and Medical:				
i -	Hospital/medical benefits		333,043,223	345 , 216 , 241	1,404,723,968
10.	Other professional services	ı		1	
11.		I			
12.	Emergency room and out-of-area				
13.	Prescription drugs		144,968,459	137 ,809 ,925	545,088,683
14.	Aggregate write-ins for other hospital and medical.	0	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)	0	571,438,264	570 , 100 , 176	2,282,445,300
Less:					
17.	Net reinsurance recoveries	I		1	
18.	Total hospital and medical (Lines 16 minus 17)	I			
19.	Non-health claims (net)	ı			
20.	Claims adjustment expenses, including \$ 5,375,601 cost containment expenses.		12,269,367	9,558,965	50,786,879
21.	General administrative expenses.		91,636,933	89,466,575	220,615,018
1	Increase in reserves for life and accident and health contracts (including				
	\$increase in reserves for life only)			0	0
23.	Total underwriting deductions (Lines 18 through 22)	0	675,898,758	668,578,698	
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx	18,520,130	15 , 189 , 420	210,059,274
25.	Net investment income earned		871,982	593,150	2,709,480
26.	Net realized capital gains (losses) less capital gains tax of \$			i .	, , ,
27.	Net investment gains (losses) (Lines 25 plus 26)	0	871,982	593,150	2,627,363
28.					
	\$) (amount charged off \$			0	0
29.		0	(833, 256)	0	(1,280,689)
	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	1			
31.	Federal and foreign income taxes incurred	XXX		21,395,113	92,429,830
32.	Net income (loss) (Lines 30 minus 31)	XXX	(3,697,621)	(5,612,543)	118,976,118
	DETAILS OF WRITE-INS				
i	Other income.	i			13,101
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	U
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	13,101
0701.		XXX			
0702. 0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	Ω	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.		7000	0	Ŭ	0
1401.					
1403.					
1498.		0		n	0
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
	Fines and penalties		(833,256)		(1,280,689)
2902.	This are point too.				
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999.		0	(833, 256)	0	(1,280,689)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	LENSES (Continue	u)
		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	301,344,212	211,709,187	211,709,187
34.	Net income or (loss) from Line 32	(3,697,621)	(5,612,543)	118,976,118
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax	13,865,015	447,016	(1,675,824)
39.	Change in nonadmitted assets	(41,919,657)	(1,756,247)	12,334,731
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock		0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	(40,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	(31,752,263)	(6,921,774)	89,635,025
49.	Capital and surplus end of reporting period (Line 33 plus 48)	269,591,949	204,787,413	301,344,212
	DETAILS OF WRITE-INS			
4701.			0	0
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance.		684 ,517 ,018	2,850,772,83
2.	Net investment income	1,204,767	867,866	4,083,67
3.	Miscellaneous income	0	0	
4.	Total (Lines 1 to 3)	682,404,028	685,384,884	2,854,856,51
	Benefit and loss related payments	579,821,273	552,502,409	2,247,317,76
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	
	Commissions, expenses paid and aggregate write-ins for deductions		52,709,417	255,219,88
8.	Dividends paid to policyholders		0	
9.	Federal and foreign income taxes paid (recovered) net of \$tax on capital			
	gains (losses)	(2,107,854)	(2,007,163)	
10.	Total (Lines 5 through 9)	630,905,941	603,204,663	2,605,803,44
	Net cash from operations (Line 4 minus Line 10)	51,498,087	82,180,221	249,053,06
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	17,500,000	4,350,240	11,266,24
	12.2 Stocks		0	, ,
	12.3 Mortgage loans		0	
	12.4 Real estate		0	
	12.5 Other invested assets	0	0	
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	(2,34
	12.7 Miscellaneous proceeds	0	0	,
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	17.500.000	4,350,240	11,263,89
13.	Cost of investments acquired (long-term only):	,,,,,,,	, , , , ,	,,
	13.1 Bonds	137,569	2,320,155	3,484,75
	13.2 Stocks		0	
	13.3 Mortgage loans		0	
	13.4 Real estate		0	
	13.5 Other invested assets		0	
	13.6 Miscellaneous applications	0	0	
	13.7 Total investments acquired (Lines 13.1 to 13.6)	137,569	2,320,155	3,484,75
14.	Net increase (or decrease) in contract loans and premium notes	0	0	,
	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	17,362,431	2,030,085	7,779,13
	Cash from Financing and Miscellaneous Sources	,002,101	2,000,000	1,110,11
16	Cash provided (applied):			
10.	16.1 Surplus notes, capital notes	0	0	
	16.2 Capital and paid in surplus, less treasury stock.	0	0	
	16.3 Borrowed funds		0	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
	16.5 Dividends to stockholders		0	40,000,00
	16.6 Other cash provided (applied)	(43,172,495)	(313,867)	1,501,00
17	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5	(10,112,100)	(0.0,001)	1,001,00
	plus Line 16.6)	(43, 172, 495)	(313,867)	(38,498,99
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	/	, , ,	, , ,
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	25,688,023	83,896.439	218,333.20
	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	546,633,858	328,300,650	328,300,65
	19.2 End of period (Line 18 plus Line 19.1)	572,321,881	412,197,089	546,633,85

_

STATEMENT AS OF MARCH 31, 2016 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Compreh (Hospital &	ensive Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			•		,	,				
1. Prior Year	525,442	0	0	0	0	0	0	7,719	439,782	77 ,941
2. First Quarter	527 ,536	0	0	0	0	0	0	7 ,825	438,868	80 , 843
3. Second Quarter	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,589,857							23,174	1,324,813	241,870
Total Member Ambulatory Encounters for Period:										
7. Physician	759,639							28,039	731,600	
8. Non-Physician	601,479							11,656	589,823	
9. Total	1,361,118	0	0	0	0	0	0	39,695	1,321,423	0
10. Hospital Patient Days Incurred	86,002							6,339	79,663	
11. Number of Inpatient Admissions	17,706							919	16,787	
12. Health Premiums Written (a)	694,034,736							23,726,846	652,442,923	17 ,864 ,967
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	694,034,736							23,726,846	652,442,923	17 , 864 , 967
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	580 , 397 , 007							19,478,693	559 , 833 , 143	1 , 085 , 171
18. Amount Incurred for Provision of Health Care Services	571,438,263							20,078,925	541,303,967	10,055,371

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 41,591,813

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims									
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total			
Claims unpaid (Reported)	. 00 2 4,0	o. oo bayo	o. oo bayo	0 <u>10</u> 5 a, 0	0101 120 Days				
0199999 Individually listed claims unpaid	0	0	0	0	0	0			
0299999 Aggregate accounts not individually listed-uncovered						0			
0399999 Aggregate accounts not individually listed-covered	25,563,776	5,525,891	4,035,039	3,111,440	43,466,699	81,702,845			
0499999 Subtotals	25,563,776	5,525,891	4,035,039	3,111,440	43,466,699	81,702,845			
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	209,689,394			
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	004 000 000			
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	291,392,239			
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX				

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAI	Cla	ims	Liab			
	Paid Yea	r to Date	End of Curr	ent Quarter	5	6
Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
					(00.00	
Comprehensive (hospital and medical)	122,479	0	201,716	0	324 , 195	210,388
2. Medicare Supplement					0	0
3. Dental only					0	0
4. Vision only					0	0
Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	7,317,452	14,833,785	2,633,046	8,322,300	9,950,498	10 , 235 , 273
7. Title XIX - Medicaid	161,340,351	410,930,752	98,758,651	181,276,310	260,099,002	300,333,843
8. Other health	2,590,889	11,375,679	6,001	194,216	2,596,890	1,155,529
9. Health subtotal (Lines 1 to 8)	171,371,171	437 , 140 , 216	101,599,414	189,792,826	272,970,585	311,935,033
10. Health care receivables (a)	3,996,835	11,979,302			3,996,835	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	167,374,336	425,160,914	101,599,414	189,792,826	268,973,750	311,935,033

⁽a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of WellCare Health Insurance Company of Kentucky, Inc. (the "Company"), domiciled in the state of Kentucky, are presented on the basis of accounting practices prescribed or permitted by the Kentucky Department of Insurance (the "Department").

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Kentucky for determining and reporting the financial condition, results of operations, and cash flows of an insurance company for determining its solvency under Kentucky insurance law. The National Association of Insurance Commissioners Accounting Practices and Procedures manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Kentucky. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. These modifications had no affect on statutory surplus.

A reconciliation of the Company's net loss and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Kentucky is shown below:

	F	eriod ended March 31, 2015	
Net Loss- Kentucky Basis State Prescribed Practices - None	\$	(3,967,621)	\$ (5,612,543)
State Permitted Practices - None		-	-
Net Loss - NAIC SAP	\$	(3,967,621)	\$ (5,612,543)
		Balan	ce at
		March 31, 2016	<u>December 31, 2015</u>
Statutory Capital and Surplus - Kentucky Basis State Prescribed Practices - None	\$	269,591,949	\$ 301,344,212
State Permitted Practices - None		-	-
Statutory Capital and Surplus - NAIC SAP	\$	269,591,949	\$ 301,344,212

B. Uses of Estimates in the Preparation of the Financial Statements. No significant change

C. Accounting Policy

No significant change.

D. Going Concern - None.

2. Accounting Changes and Correction of Errors

None.

3. Business Combinations and Goodwill

None.

4. Discontinued Operations

None.

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans None
- B. Debt Restructuring None
- C. Reverse Mortgages None
- D. Loan-Backed Securities None
- E. Repurchase Agreements and/or Securities Lending Transactions None
- F. Real Estate None
- G. Low Income Housing Tax Credits None
- H. Restricted Assets (Including pledged).
- I. Working Capital Finance Investments None.
- J. Offsetting and Netting of Assets and Liabilities None.
- K. Structured Notes None.

NOTES TO FINANCIAL STATEMENTS

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

No significant change

8. Derivative Instruments

None

9. Income Taxes

No significant change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant change.

11. Debt

A. Debt - None

B. Federal Home Loan Bank Agreements - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan - None.

13. Capital and Surplus, Shareholder' Dividend Restrictions and Quasi-Reorganizations

No significant change.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments None.
- B. Assessments None.
- C. Gain Contingencies None.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits None.
- E. Joint and Several Liabilities None.
- F. All Other Contingencies The Company's ultimate parent, WellCare, is a party to a number of legal actions and regulatory investigations. These matters do not directly involve the Company and management does not expect the matters to have an impact on the Company's financial position.

15. Leases

None.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales None
- B. Transfer and Servicing of Financial Assets None
- C. Wash Sales None

18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans None
- B. ASC Plans None
- C. Medicare of Similarly Structured Cost Based Reimbursement Contract
- None
- 2. No significant change.
- 3. None
- 4. None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None.

20. Fair Value Measurement

The Company had no assets disclosed at fair value at March 31, 2016.

NOTES TO FINANCIAL STATEMENTS

21. Other Items

- A. Extraordinary Items None
- B. Troubled Debt Restructuring None
- C. Other Disclosures and Unusual Items No significant changes.
- D. Business Interruption Insurance Recoveries None
- E. State Transferable and Non-Transferable Tax Credits None
- F. Subprime Mortgage Related Risk Exposure None
- G. Retained Assets None

22. Events Subsequent

The Company's affiliated management agreement with Comprehensive Health Management Inc. ("CHMI") was amended. The charge for Medicare gross premium earned was revised from 9.5% to 12.0%; the charge for Medicaid gross premium earned was revised from 7.0% to 6.5%; and the charge for Medicare Part D gross premium earned was revised from 9.5% to 7.0% with all changes being retroactive to January 1, 2016. Additionally, the agreement includes a true-up mechanism where the management fee charged is compared to the actual cost of services provided and any difference is settled between CHMI and the Company. The true-up will occur on an annual basis for the prior year's activity. The agreement was approved by the Department on April 12, 2016 and the new rate including retroactivity will be put into effect in the second quarter of 2016.

Other than the significant event identified above, there were no events occurring subsequent to March 31, 2016 requiring disclosure. Subsequent events have been considered through May 11, 2016 for the Statutory statement issued on May 11, 2016.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. B. C. D. – Not applicable.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

The estimated cost of claims expense attributable to insured events of the prior year decreased by \$42,961,282 during 2016. This is approximately 13.8% of unpaid claims expenses of \$311,935,033 as of December 31, 2015. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending March 31, 2016 was impacted by approximately \$26,560,295 of net favorable development related to prior periods.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Healthcare Receivables

No significant change.

B. Risk sharing receivables billed, received and accrued for three years – None.

29. Participating Policies

None.

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

1.1			ansactions requiring the filing of Disclosur					·	Yes []	No [X]
1.2	If yes, has the report b	peen filed with the domiciliar	y state?					,	Yes []	No []
2.1			s statement in the charter, by-laws, article					,	Yes []	No [X]
2.2	If yes, date of change:	:								
3.1			Holding Company System consisting of tw					,	Yes [X]	No []
	If yes, complete Scheo	dule Y, Parts 1 and 1A.								
3.2	Have there been any	substantial changes in the o	rganizational chart since the prior quarter	end?				,	Yes []	No [X]
3.3	•	is yes, provide a brief descri	ption of those changes.							
4.1			or consolidation during the period covered					,	Yes []	No [X]
4.2		ne of entity, NAIC Company esult of the merger or consol	Code, and state of domicile (use two lette lidation.	er state abb	oreviation) for	any entity th	at has			
			1 Name of Entity	NAIC Co	2 mpany Code	3 State of D				
				1						
5.		nent, have there been any si	agreement, including third-party administr gnificant changes regarding the terms of t					Yes []	No [X]	NA []
6.1	State as of what date	the latest financial examinat	ion of the reporting entity was made or is	being mad	e				12/	31/2012
6.2	State the as of date the This date should be the	at the latest financial examine date of the examined bala	nation report became available from eithe nnce sheet and not the date the report was	r the state s complete	of domicile of	r the reporting	g entity.		12/	31/2012
6.3	or the reporting entity.	This is the release date or o	ion report became available to other state completion date of the examination report	and not th	e date of the	examination	(balance		06/	11/2014
6.4	By what department o	r departments?								
	Illinois Department	of Insurance								
6.5			e latest financial examination report been					Yes []	No []	NA [X]
6.6			financial examination report been complic					Yes [X]	No []	NA []
7.1	Has this reporting enti	ty had any Certificates of Au	athority, licenses or registrations (including	corporate	registration,	if applicable)		,	Yes []	No [X]
7.2	If yes, give full informa									
8.1	Is the company a subs		npany regulated by the Federal Reserve I					,	Yes []	No [X]
8.2	If response to 8.1 is ye	•	of the bank holding company.							
8.3	Is the company affiliat		thrifts or securities firms?					,	Yes []	No [X]
8.4	federal regulatory serv	vices agency [i.e. the Federa	names and location (city and state of the al Reserve Board (FRB), the Office of the curities Exchange Commission (SEC)] an	Comptrolle	er of the Curre	ency (OCC), t	he Federal			
		1	2		3	4	5	6		
	Affili	iate Name	Location (City, State)		FRB	occ	FDIC	SEC		

GENERAL INTERROGATORIES

9.1	similar functions) of the reporting entity subject to a code of ethics, which includes					Yes [X]	No []
	(a) Honest and ethical conduct, including the ethical handling of actual or appare	ent conflic	ts of interest between per	sonal and	I professional relationships	;;	
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic report	rts require	ed to be filed by the report	ing entity	•		
	(c) Compliance with applicable governmental laws, rules and regulations;						
	(d) The prompt internal reporting of violations to an appropriate person or persor	ns identifi	ed in the code; and				
	(e) Accountability for adherence to the code.						
9.11	If the response to 9.1 is No, please explain:						
9.2	Has the code of ethics for senior managers been amended?					Yes []	No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).						
9.3	Have any provisions of the code of ethics been waived for any of the specified of					Yes []	No [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).						
		ANCI					
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affi	iliates on	Page 2 of this statement?			Yes []	No [X]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amounts	nt:			\$		
	INVE	STM	ENT				
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, plac for use by another person? (Exclude securities under securities lending agreeme					Yes []	No [X]
11.2	If yes, give full and complete information relating thereto:						
12.	Amount of real estate and mortgages held in other invested assets in Schedule B						
13.	Amount of real estate and mortgages held in short-term investments:				\$		
14.1	Does the reporting entity have any investments in parent, subsidiaries and affilia	ates?				Yes []	No [X]
14.2	If yes, please complete the following:						
			1 Prior Year-End Book/Adjusted Carrying Value		2 Current Quarter Book/Adjusted Carrying Value		
	14.21 Bonds						
	14.23 Common Stock						
	14.24 Short-Term Investments						
	14.25 Mortgage Loans on Real Estate						
	14.27 Total Investment in Parent, Subsidiaries and Affiliates	•		•			
	(Subtotal Lines 14.21 to 14.26)	•	0	•	0		
	above			•			
15.1	Has the reporting entity entered into any hedging transactions reported on Sched	lule DB?				Yes []	No [X]
15.2	If yes, has a comprehensive description of the hedging program been made avail	lable to th	ne domiciliary state?			Yes []	No []

If no, attach a description with this statement.

GENERAL INTERROGATORIES

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:

	16.2 Total book adju	of reinvested collateral as isted/carrying value of rein or securities lending repor	vested collateral	assets repor		DL, Parts 1 and 2	\$	
17.	entity's offices, vaults of pursuant to a custodial Considerations, F. Outs	or safety deposit boxes, we agreement with a qualifie	ere all stocks, bor d bank or trust co ons, Custodial or	nds and othe impany in ac Safekeeping	r securities, own cordance with Se Agreements of	restments held physically in the report ed throughout the current year held ection 1, III – General Examination the NAIC Financial Condition Examination	· ·	Yes [X] No []
17.1	For all agreements that	t comply with the requirem	ents of the NAIC	Financial Co	ondition Examine	ers Handbook, complete the following	:	
		Name of	1 f Custodian(s)			2 Custodian Address		
		Oppenheimer & CoU.S. Bank			New York, NY. Jacksonville	, FL		
17.2	For all agreements that location and a complete	e explanation:	equirements of the	2		xaminers Handbook, provide the nar	ne,	
	ŀ	Name(s)		Location((S)	Complete Explanation(s)		
17.3	Have there been any c	hanges, including name c	hanges, in the cu	stodian(s) ide	entified in 17.1 d	uring the current quarter?		Yes [] No [X]
17.4	If yes, give full and con	nplete information relating	thereto:					
		1 Old Custodian	2 New Custo	odian	3 Date of Chang	ge Reason		
17.5		advisors, broker/dealers o ities and have authority to				that have access to the investment entity:		
		1 Central Registration	n Depository	Na	2 ame(s)	3 Address		
	Have all the filing requi	rements of the <i>Purposes</i>	and Procedures I	Manual of the	NAIC Investme	nt Analysis Office been followed?		Yes [X] No []

GENERAL INTERROGATORIES

PART 2 - HEALTH

1	. Operating Percentages:		
	1.1 A&H loss percent	_	83.1 %
	1.2 A&H cost containment percent	_	0.8 %
	1.3 A&H expense percent excluding cost containment expenses.	_	14.2 %
2	.1 Do you act as a custodian for health savings accounts?		Yes [] No [X]
2	.2 If yes, please provide the amount of custodial funds held as of the reporting date	\$	
2	.3 Do you act as an administrator for health savings accounts?		Yes [] No [X]
2	.4 If yes, please provide the balance of the funds administered as of the reporting date	\$	

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date										
1 NAIC Company Code	2	3 Effective	4	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating		
Company Code	ID Number	1 -	Name of Reinsurer	Jurisdiction	Ceded	Type of Reinsurer	(1 through 6)	Reinsurer Rating		
			LIFE & ANNUITY - AFFILIATES				,			
			Name of Reinsurer LIFE & ANNUITY — AFFILIATES LIFE & ANNUITY — NON-AFFILIATES ACCIDENT & HEALTH — AFFILIATES ACCIDENT & HEALTH — NON-AFFILIATES PARTNERRE AMER INS CO. PROPERTY/CASUALTY — AFFILIATES PROPERTY/CASUALTY — NON-AFFILIATES							
			ACCIDENT & HEALTH — AFFILIATES							
			ACCIDENT & HEALTH — NON-AFFILIATES							
11835	04 - 1590940	L.01/01/2016.	PARTNERRE AMER INS CO.	DE	SSL/I/A	Authorized		1		
			PROPERTY/CASUALTY - AFFILIATES							
			PROPERTY/CASUALTY — NON-AFFILIATES							
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

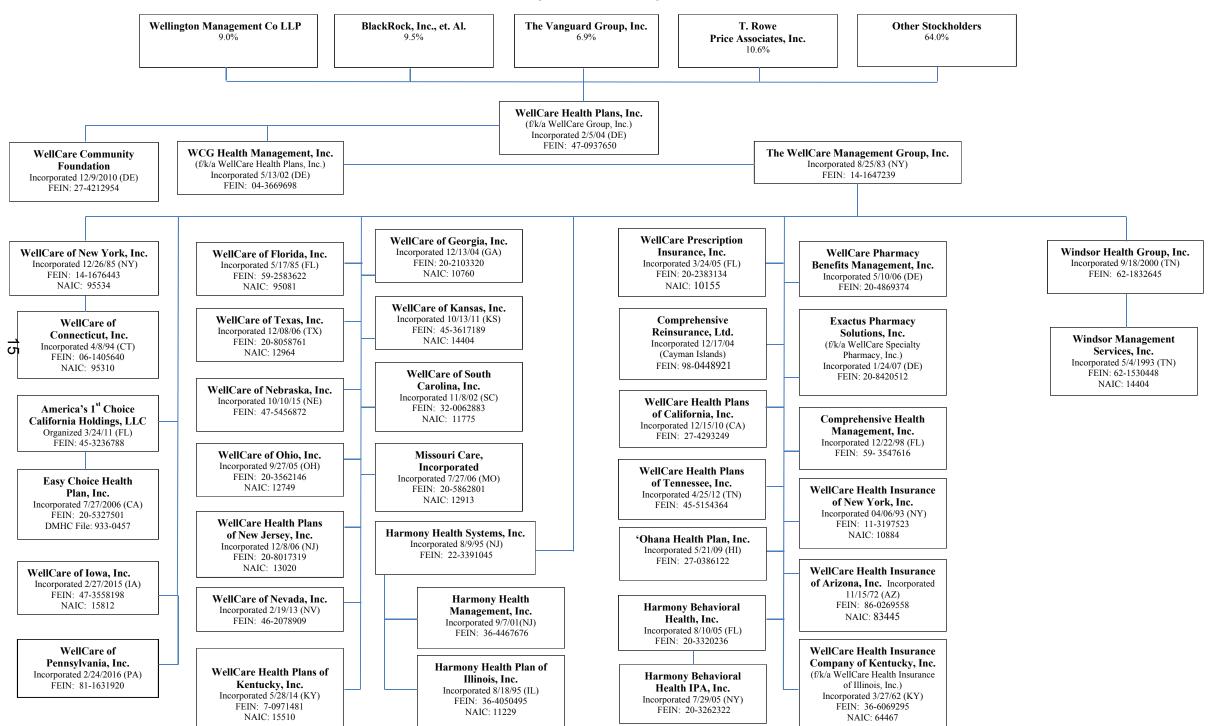
Current Year to Date - Allocated by States and Territories

			1	Current Year to Date - Allocated by States and Territories Direct Business Only							
				2	3	4	5 Federal Employees	6	7	8	9
	States Ets		Active Status	Accident & Health	Medicare Title XVIII	Medicaid Title XIX	Health Benefits Program	Life & Annuity Premiums & Other Considerations	Property/ Casualty	Total Columns	Deposit-Type
1	States, Etc.	AL	Status	Premiums 4,825,427	TILLE AVIII	TILLE AIA	Premiums	Considerations	Premiums	2 Through 7	Contracts
1	Alaska									0	
3.	Arizona	AZ	ļL							0	
	Arkansas		L	5,077,323				<u> </u>		5,077,323	
	California		L	1,071,079						1,071,079	
	Connecticut		LL	3,811,986						3,811,986	
	Delaware		Ī							0	
	Dist. Columbia		ļL							0	
	Florida		N							0	
	Georgia		L						 	0	
1	Idaho		L) 1	
	Illinois									0	
15.	Indiana	IN	ļL					ļ		0	
	lowa		ļL						<u> </u>	0	
	Kansas		L		23 726 846	652,442,924			l	0 676 . 169 . 770	
	Louisiana		LL		23 , 1 20 , 840	052,442,924				אן, פטו , טזע ח	l
1	Maine		N							0	
21.	Maryland	MD	L						ļ	0	
	Massachusetts		L			<u> </u>			ļ	0	
	Michigan		N							1,211,174	
	Minnesota Mississippi		ļ	1,211,174						1,211,174	
	Missouri		L							0	
	Montana		LL	i						420,318	
	Nebraska		ļL.							0	
1	Nevada		ļL					<u> </u>		0	
	New Hampshire New Jersey		N]0 n	
	New Mexico		L							0	
1	New York		N.							0	
34.	North Carolina		N							0	
1	North Dakota		ļL							0	
i	Ohio		L							L0	
	Oklahoma Oregon		L) 1	
1	Pennsylvania		L							0	
40.	Rhode Island	RI	ļL	1,447,659				ļ		1,447,659	
i	South Carolina		ļL							0	
i	South Dakota		ļL			<u> </u>		l	<u> </u>	0	
1	Tennessee		N							۱	
1		UT	L							0	
1	Vermont	VT	N							0	
1	Virginia		ļL.							0	
1	Washington		ļ <u>-</u>		L	ļ		 	ļ	ļ0	
ı	West Virginia Wisconsin		ļ					<u> </u>		h	
1	Wyoming									0	
i	American Samoa		N					ļ	ļ	ļ	
	Guam		N			l		 	ļ	0	
	Puerto Rico		N			ļ		ļ	l	J	
	U.S. Virgin Islands Northern Mariana Islands		N					<u></u>		n	
i	Canada		i							0	
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
ı	Subtotal		XXX	17,864,966	23 ,726 ,846	652,442,924	0	0	0	694,034,736	0
60.	Reporting entity contributions Employee Benefit Plans		XXX								
61.	Total (Direct Business)		i	13 17,864,966	23,726,846	652,442,924	0	0	0	694,034,736	0
	DETAILS OF WRITE-INS										
58001			XXX								
58002											
			XXX		<u> </u>	l		<u> </u>	l	l	ļ
58003			XXX					<u> </u>			
	Summary of remaining write- Line 58 from overflow page	ins for	i	0	0	0	0	0	0		0
	Totals (Lines 58001 through	58003	1	0	0	0	0	0	0	0	0
(L) Lice	plus 58998) (Line 58 above) nsed or Chartered - Licensed Insu	rance Ca	arrier or Domi		stered - Non-domi					Ů	

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

The WellCare Group of Companies as of March 31, 2016



6

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of					Type of Control			
						Securities					(Ownership,	15.00 . 1 1.	1.000	
		NAIC				Exchange if	Name of		Deletienebie te		Board,	If Control is	Ultimate	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Name of Parent Subsidiaries	Domiciliary	Relationship to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Controlling Entity(ies)/	
Code	Group Name	Company	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
Code	Group Name	Oode	Number	ROOD	Oil	momationary	Of 7 timates	Location	Littly	(Ivaile of Entity/I cross)	milderice, Other)	r crocinage	WellCare Health	
01199	WellCare Health Plans Inc.	95310	14-1647239				WellCare of Connecticut Inc.	СТ	IA	WellCare of New York, Inc	Ownership	100.0	Plans, Inc.	0
0.100	norround mountain rame mortunation	00010								The WellCare Management	0 0 p		WellCare Health	
01199	WellCare Health Plans Inc.	95081	59-2583622				WellCare of Florida Inc.	FL	I A.	Group, Inc.	Ownership	100.0	Plans, Inc	0
							Comprehensive Health Management			The WellCare Management	i '		WellCare Health	
01199	WellCare Health Plans Inc	00000	59-3547616				Inc	FL	NIA	Group, Inc	Ownership	100.0	Plans, Inc	0
							The WellCare Management Group,						WellCare Health	
01199	WellCare Health Plans Inc	00000	14-1647239				Inc.	NY	UDP	WCG Health Management, Inc	Ownership	100.0	Plans, Inc	0
04400	W 110 11 111 B1	05504	44 4070440				W 110 6 N V 1 1	NIV/		The WellCare Management		400.0	WellCare Health	
01199	WellCare Health Plans Inc	95534	14 - 1676443				WellCare of New York Inc	NY	IA	Group, Inc.	Ownership	100.0	Plans, Inc.	0
01199	WellCare Health Plans Inc	00000	20-3320236				Harmony Behavorial Health Inc	FL	N1A	The WellCare Management Group. Inc	Ownership	100.0	WellCare Health Plans, Inc	0
01199	Wellcale Health Flans Inc	00000	20-3320230				Harmony Health Plan of Illinois	Г	NIA	σιουρ, πιο	Ownership	100.0	WellCare Health	
01199	WellCare Health Plans Inc.	11229	36-4050495				Inc.	IL	I A	Harmony Health Systems, Inc	Ownershin	100.0	Plans. Inc.	n
01133	"CTTOATC TICATETT TAILS THE	11220	100-4000400				1110			The WellCare Management	0 milor 3111 p	100.0	WellCare Health	
01199	WellCare Health Plans Inc.	00000	22-3391045				Harmony Health Systems Inc.	IL	NIA	Group, Inc.	Ownership.	100 0	Plans. Inc.	0
01100	norroard floaren Francisco	00000	22 000 10 10				That mony hourth by bromb this.			στουρ, ποι	0 110 0 11 p		WellCare Health	
01199	WellCare Health Plans Inc.	00000	36-4467676				Harmony Health Management Inc	IL	N I A	Harmony Health Systems, Inc	Ownership		Plans, Inc.	0
01199	WellCare Health Plans Inc	00000	47 - 0937650		0001279363	NYSE	WellCare Health Plans Inc	FL	UIP	Shareholders	<u>'</u>	0.0	, , , , , , , , , , , , , , , , , , ,	0
													WellCare Health	
01199	WellCare Health Plans Inc	00000	04-3669698				WCG Health Management Inc	FL	UIP	WellCare Health Plans, Inc	Ownership	100.0	Plans, Inc	0
										The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	10760	20-2103320				WellCare of Georgia Inc	GA	IA	Group, Inc.	Ownership	100.0	Plans, Inc	0
04400	W 110 11 111 B1	00000	00 0440004					0)/14		The WellCare Management		400.0	WellCare Health	
01199	WellCare Health Plans Inc	00000	98-0448921				Comprehensive Reinsurance Ltd	CYM	IA	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc	0
01199	WellCare Health Plans Inc.	10155	20-2383134				WellCare Prescription Insurance	FL	IA	Group. Inc	Ownership	100.0	WellCare Health Plans. Inc	0
01199	Wellcare Health Flans Inc	10100	20-2303134				THG	FL	I A	The WellCare Management	Ownership	100.0	WellCare Health	
01199	WellCare Health Plans Inc.	12749	20-3562146				WellCare of Ohio Inc	0H	I A	Group. Inc	Ownership	100.0	Plans, Inc.	n
01133	"CTTOATC TICATETT TAILS THE	127 40	20-3302140				Harmony Behavorial Health IPA			Harmony Behavorial Health,	0 #1101 3111 p	100.0	WellCare Health	
01199	WellCare Health Plans Inc.	00000	20-3262322				Inc.	NY	NIA	Inc.	Ownership.	100.0	Plans, Inc	0
							WellCare Pharmacy Benefits			The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	00000	20-4869374	[Management In	DE	NIA	Group, Inc.	Ownership	100.0	Plans, Inc	0
							WellČare Health Insurance of			The WellCare Management	·		WellCare Health	
01199	WellCare Health Plans Inc	83445	86-0269558				Arizona Inc	AZ		Group, Inc	Ownership	100.0	Plans, Inc	0
0.4.40=							WellCare Health Insurance		ļ ,.	The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	64467	36-6069295				Company of Kentucky Inc	KY	IA	Group, Inc.	Ownership		Plans, Inc	0
04400	WallCare Health Diese les	12056	11 2107522				WellCare HeatIh Insurance of	NIV/	1.4	The WellCare Management	Ownershi-		WellCare Health	
01199	WellCare Health Plans Inc	12956	11-3197523	[New York Inc WellCare Health Plans of New	NY	IA	Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	0
01199	WellCare Health Plans Inc	13020	20-8017319				Jersey Inc	NJ	IA	Group. Inc	Ownership	100.0	Plans. Inc	٨
01199	ייכוועמול הלמונוו Plans Inc	13020	20-001/319				1001 309 1110	INJ		The WellCare Management	Ownersinp		WellCare Health	U
01199	WellCare Health Plans Inc	12964	20-8058761				WellCare of Texas Inc	TX	IA	Group, Inc	Ownership	100 0	Plans, Inc	_ [
01100	"OTTORIO HORITHI FIRMS HID	12007	20 0000701				Exactus Pharmacy Solutions,	ı /\		WellCare Pharmacy Benefits	- "1101 0111 P		WellCare Health	
01199	WellCare Health Plans Inc.	00000	20-8420512				Inc.	DE	N I A	Management	Ownership.	100.0	Plans, Inc.	0
										The WellCare Management	j '		WellCare Health	
01199	WellCare Health Plans Inc	00000	27 - 0386122				Ohana Health Plans, Inc	HI	IA	Group, Inc.	Ownership	100.0	Plans, Inc	0

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of					Type of Control			
						Securities					(Ownership,			
		NAIC				Exchange if Publicly	Name of		Relationship to		Board, Management.	If Control is Ownership	Ultimate Controlling	
Group		Company	l ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary	Relationship to Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
							WellCare Health Plans of			The WellCare Management		- creeninge	WellCare Health	1
01199	WellCare Health Plans Inc	00000	27 - 4293249				California, Inc.	CA	IA	Group, Inc.	Ownership	100.0	Plans, Inc	0
										The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	14404	45-3617189				WellCare of Kansas, Inc	KS	IA	Group, Inc.	Ownership		Plans, Inc	0
04400	W 110 11 111 B1	00000	45 5454004				WellCare Health Plans of	TN		The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	00000	45-5154364				Tennessee, IncAmerica's 1st Choice California	TN	I A	Group, Inc The WellCare Management	Ownership		Plans, Inc WellCare Health	. 0
01199	WellCare Health Plans Inc.	00000	45-3236788				Holdings, LLC	FL	NIA	Group, Inc	Ownership		Plans. Inc.	1
01199	wellcare hearth Frans Inc	. 00000	43*3230700				Thorumgs, LLC	L	NIA	America's 1st Choice	. Owner Sirip		WellCare Health	10
01199	WellCare Health Plans Inc.	00000	20-5327501				Easy Choice Health Plan, Inc.	CA	IA	California Holdings, LLC	Ownership		Plans, Inc.	0
							WellCare of South Carolina,			The WellCare Management	'		WellCare Health	
01199	WellCare Health Plans Inc	11775	32-0062883				Inc	SC	I A	Group, Inc	Ownership	100.0	Plans, Inc	0
										The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	. 00000	46 - 2078909				WellCare of Nevada, Inc	NV	I A	Group, Inc.	Ownership		Plans, Inc	. 0
04400	W 110	10040	00 5000004							The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	12913	20-5862801				Missouri Care, Incorporated	MO	IA	Group, Inc	Ownership	100.0	Plans, Inc WellCare Health	. 0
01199	WellCare Health Plans Inc.	00000	27 - 4212954				The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc	Ownership	100.0	Plans. Inc.	1
01199	Wellcare Health Flans Inc	. 00000	21 -42 12334				Touridat ron	UL	NIA	The WellCare Management	. Owner Sirip		WellCare Health	.
01199	WellCare Health Plans Inc	00000	62 - 1832645				Windsor Health Group, Inc	TN	NIA	Group. Inc	Ownership		Plans. Inc	0
01100	norrouro modrem rano mo		02 1002010				Windsor Management Services,			01 oup , 1110			WellCare Health	
01199	WellCare Health Plans Inc	00000	62-1530448				Inc.	TN	NIA	Windsor Health Group, Inc	Ownership	100.0	Plans, Inc	0
							WellCare Health Plans of			The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	15510	47 - 097 1481				Kentucky, Inc	KY	IA	Group, Inc.	Ownership	100.0	Plans, Inc	. 0
04400	WallOan Haalth Diana Inc	45040	47 0550400				W-110	IA	1.4	The WellCare Management	O	400.0	WellCare Health	
01199	WellCare Health Plans Inc	15812	47 - 3558198	-			WellCare of lowa, Inc	IA	IA	Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	.[
01199	WellCare Health Plans Inc	00000	47 - 5456872				WellCare of Nebraska, Inc	NE	IA	Group, Inc	Ownership	100 0	Plans, Inc	n
01100	morroare nearth rians inc		T1 -040001 Z				morroard or mobraska, mc	INL		The WellCare Management	. O #1101 3111 P		WellCare Health	1
01199	WellCare Health Plans Inc.	00000	81 - 1631920				WellCare of Pennsylvania, Inc	PA	I A	Group, Inc	Ownership	100.0	Plans. Inc.	0
							., ., .,					0.0		0
		<u> </u>										0.0		0

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

		RESPONSE
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	YES
Expla	anation:	
Bar C	code:	

OVERFLOW PAGE FOR WRITE-INS

MQ002 Additional Aggregate Lines for Page 02 Line 25. *ASSETS

	1	2	3	4
			Net Admitted	December 31
		Nonadmitted	Assets	Prior Year Net
	Assets	Assets	(Cols. 1 - 2)	Admitted Assets
2504. Deposits with providers.	443,576	443,576	0	0
2597. Summary of remaining write-ins for Line 25 from Page 02	443,576	443,576	0	0

SCHEDULE A – VERIFICATION

Real Estate 2 Prior Year Ended Year To Date December 31 Book/adjusted carrying value, December 31 of prior year Cost of acquired: 0 0 2.1 Actual cost at time of acquisition.....

 2.2 Additional investment made after acquisition 0 .0 Current year change in encumbrances .
Total gain (loss) on disposals..... 0 Deduct amounts received on disposals

Total foreign exchange change in book/adjusted carrying value. 0 0 Deduct current year's other-than-temporary impairment recognized 0 8. Deduct current year's depreciation.

Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8). 0 0.. 0 ..0 0 10. Deduct total nonadmitted amounts. Statement value at end of current period (Line 9 minus Line 10) 0

SCHEDULE B - VERIFICATION

	Mortgage Loans		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		0
	2.2 Additional investment made after acquisition		0
3.	Capitalized deferred interest and other. Accrual of discount. Unrealized valuation increase (decrease). Total gain (loss) on disposals. Deduct amounts received on disposals.		0
4.	Accrual of discount		0
5.	Unrealized valuation increase (decrease)		0
6.	Total gain (loss) on disposals		0
7.	Deduct amounts received on disposals.		0
8.	Deduct amortization of premium and mortgage interest points and commitment fees Total foreign exchange change in book value/recorded investment excluding accrued interest		0
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10.	Deduct current year's other-than-temporary impairment recognized		0
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-		
	8+9-10)	0	0
12.	Total valuation allowance		0
13.	Subtotal (Line 11 plus Line 12)	0	0
14.	Deduct total nonadmitted amounts	0	0
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

	Other Long-Term Invested Assets		
		1	2
			Prior Year Ended
		Year To Date	December 31
Book/adjusted carrying value.	December 31 of prior year	0	0
2 Coot of acquired:			
2.1 Actual cost at time of acc	uisition		0
2.2 Additional investment ma	ide after acquisition		0
Capitalized deferred interest a	and other		0
Accrual of discount			0
Unrealized valuation increase	e (decrease)		0
6. Total gain (loss) on disposals			0
7. Deduct amounts received on	disposals. Justition Ide after acquisition and other. Ide (decrease). Justition Idea after acquisition Idea after acqui		0
8. Deduct amortization of premi	um and depreciation		0
Total foreign exchange change	je in book/adjusted carrying value		0
10. Deduct current year's other-th	nan-temporary impairment recognized		L0
11. Book/adjusted carrying value	at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).	L0	L0
	ounts		L0
	rent period (Line 11 minus Line 12)	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
		Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	48,595,089	57,821,769
Cost of bonds and stocks acquired	137 , 569	3,484,755
3. Accrual of discount	0	L0
Unrealized valuation increase (decrease)	0	L0
5. Total gain (loss) on disposals	0	(79,769)
Total gain (loss) on disposals. Deduct consideration for bonds and stocks disposed of	17,500,000	11,266,240
Deduct amortization of premium	273,422	1,365,426
8. Total foreign exchange change in book/adjusted carrying value	0	0
Deduct current year's other-than-temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		48,595,089
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	30.959.236	48.595.089

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)		125,215,761	80 , 199 , 235	(182,632)	120,993,941	0	0	76,160,048
2. NAIC 2 (a)		0	12,500,000	(91,315)	613,597	0	0	13,204,912
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	89,364,960	125,215,761	92,699,235	(273,948)	121,607,538	0	0	89,364,960
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	89,364,960	125,215,761	92,699,235	(273,948)	121,607,538	0	0	89,364,960

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$0	

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
					Paid for Accrued
	Book/Adjusted			Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
9199999	90.648.302	xxx	90.648.827	40.213	2.625

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	40,769,871	84,538,118
Cost of short-term investments acquired		
3. Accrual of discount	0	0
Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	(2,347)
Deduct consideration received on disposals	75,199,235	371,600,717
7. Deduct amortization of premium.	526	52,301
Total foreign exchange change in book/adjusted carrying value	0	0
Deduct current year's other-than-temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	90,648,302	40,769,871

Schedule DB - Part A - Verification

Schedule DB - Part B - Verification

Schedule DB - Part C - Section 1

Schedule DB - Part C - Section 2

Schedule E - Verification

Schedule A - Part 2

Schedule A - Part 3

Schedule B - Part 2

Schedule B - Part 3

Schedule BA - Part 2

Schedule BA - Part 3

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

Show All Long-Term Bonds and Stock Acquired During the Current Quarter											
1	2	3	4	5	6	7	8	9	10		
									NAIC		
									Designation of		
CUSIP					Number of	Actual		Paid for Accrued	Market		
Identification	Description	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends			
Bonds - U.S. Special Revenue											
650035-V6-2	NEW YORK ST URBAN DEV CORP REV.		03/15/2016	Merril Lynch Pierce Fenner Smith.	I		120,000	17	1FE		
3199999 - Bond	ds - U.S. Special Revenue and Special Assessment and	d all Non-Guarantee	d Obligations of Ag	encies and Authorities of Governments and Their Political Subdiv	visions	137,569	120,000	17			
	totals - Bonds - Part 3	<u> </u>	a conganone or rig			137,569	120,000	17			
8399999 - Subto						137,569	120,000	17			
0099999 - Oubit	Stais - Bolius				1	137 ,309	120,000	17			
									1		
									·		
									·····		
									1		
									ļ		
									·		
									·		
			·····		†				†		
									1		
									ļ		
9999999 Totals	test has the NAIO and at Calleste William the					137,569	XXX	17	XXX		

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

					3110	W All Long-	eriii bollus	and Stock St	olu, Redeelile	d or Otherwis			urrent Quarte	 						
1	2	3 4	5	6	7	8	9	10		Change in E	look/Adjusted Ca	arrying Value		16	17	18	19	20	21	22
							1							1		l			· '	
									11	12	13	14	15							
		F									-									NAIC
		·																		Desig-
		[]									Current Year's			Book/				Dand		nation
								D-1	I I a a a a Cara al				Total Familian		F			Bond Interest/Stock	04-4-4	
		e		l				Prior Year	Unrealized	l	Other Than	L	Total Foreign	Adjusted	Foreign	l	l		Stated	or
CUSIP		1		Number of				Book/Adjusted	Valuation	Current Year's	Temporary	Total Change in		Carrying Value	Exchange Gain		Total Gain	Dividends	Contractual	
Identi-		g Disposal		Shares of				Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	Indicator
fication	Description	n Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date	(a)
	strial and Miscellaneous	(Unaffiliated)																		
06051G-EG-0	BANK OF AMERICA CORP	03/17/2016	Maturity		3,000,000	3,000,000	3,098,550	3,016,348	0	(16,348)	0	(16,348)	0	3,000,000	0	0	0	54,375	03/17/2016	2FE
	DEUTSCHE TELEKOM		1									1				l				
25156P-AH-6	INTERNATIONAL FINANCE B	.R03/23/2016 01/25/2016	Maturity		5,000,000	5,000,000 3,500,000	5,309,372 3,609,150	5,054,952 3,506,417	0	(54,952)	0	(54,952)	0	5,000,000 3,500,000	0	0	0	143,750	03/23/2016	2FE 2FE
316773-CK-4	DEUTSCHE TELEKOM INTERNATIONAL FINANCE B FIFTH THIRD BANCORP.	01/25/2016	Maturity		3,500,000	3,500,000	3,609,150	3,506,417	0	(6,417)	0	(6,417)	0	3,500,000	0	0	0	63,438	03/23/2016 01/25/2016	2FE
46625H-HX-1	JPMORGAN CHASE & CO	03/01/2016	Maturity	ļ	2,500,000	2,500,000	2,578,625	2,510,663	0	(10,663)	0	(10,663)	0	2,500,000	0	0	0	43 , 125	03/01/2016 02/25/2016	. 1FE
61746B-DG-8	MORGAN STANLEY	02/25/2016	Maturity	ļ	2,500,000	2,500,000	2,525,000	2,503,118	0	(3,118)	0	(3,118)	 0	2,500,000	0	 0	0	21,875	02/25/2016	1FE 1FE 2FE
	SUNTRUST BANKS INC	03/15/2016		ļ	1,000,000	1,000,000	1,033,450	1,005,451	0	(5,451)	0	(5,451)	0	1,000,000	0	0	0	15,000	04/15/2016	
3899999 -	Bonds - Industrial and Mi	scellaneous (Una	affiliated)		17,500,000	17,500,000	18, 154, 147	17,596,949	0	(96,949)	0	(96,949)	0	17,500,000	0	0	0	341,563	XXX	XXX
8399997 -	Subtotals - Bonds - Part 4	1	•		17,500,000	17,500,000	18, 154, 147	17,596,949	0	(96,949)	0	(96,949)	0	17,500,000	0	0	0	341,563	XXX	XXX
8399999 -	Subtotals - Bonds				17,500,000	17.500.000	18.154.147	17.596.949	0	(96,949)	0	(96,949)	0	17.500.000	0	0	0	341,563	XXX	XXX
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9999999 T	otals				17,500,000	XXX	18, 154, 147	17,596,949	0	(96,949)	0	(96,949)	0	17,500,000	0	0	0	341,563	XXX	XXX

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

Schedule DB - Part A - Section 1

Schedule DB - Part B - Section 1

Schedule DB - Part D - Section 1

Schedule DB - Part D - Section 2

Schedule DL - Part 1

Schedule DL - Part 2

SCHEDULE E - PART 1 - CASH

Suntrust-5689 Kentucky 0.000 0 (796,639) (514,076) (393,671) XXX JP Morgan-4958 Illinois 0.000 0 0 12,245,324 12,245,549 12,250,049 XXX Cadence-2152 F Iorida 0.700 171,369 0 100,056,615 100,055,444 100,059,290 XXX Suntrust-1158 Kentucky 0.300 85,029 0 100,025,414 100,008,744 50,035,842 XXX Whitney-9618 Louisiana 0.400 99,456 0 80,033,882 80,031,694 80,033,880 XXX Bank of Toyko 0 0 15,005,597 15,003,804 15,004,066 XXX Federal IV Insured Cash Account Various 0 0 4,607 0 15,500,000 15,500,000 XXX	Month End Depository Balances											
Part Part	1	2	3	4	5				9			
Question Department Question Department Question Department Question Department Question Department				Interest Received During Current	Interest Accrued at Current	6	7	8				
Significant-SPT Sections (1)		Code	Interest	Quarter	Date	First Month	Second Month	Third Month	*			
Selective 2012 Selective 3												
Indicates the allowable link in any one depository Sex instructions - Open Depositories XXX	Suntrust-2512 Kentucky		0.000 0.000 0.000 0.700 0.300 0.400 0.320 0.350		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(9,731,524) (796,639) 12,245,324 100,056,615 100,025,414 80,033,882 15,005,597		(5, 195, 523) (393, 671) 12, 250, 049 100, 059, 290 50, 035, 842 80, 033, 880 15, 004, 066 15, 500, 000	XXX XXX XXX XXX XXX XXX XXX			
See Instructions - Open Depositories	0199998 Deposits in0 depositories that do											
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U599999 Iotal XXX XXX 369,321 4,607 431,193,098 407,337,024 481,673,579 XXX							0	0				
	U599999 Total	XXX	<u> XXX</u>	369,321	4,607	431,193,098	407,337,024	481,673,579	XXX			

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter												
1	2	3	4	5	6	7	8					
		Date	Rate of	Maturity	Book/Adjusted Carrying Value	Amount of Interest	Amount Received					
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year					
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8699999 Total Cash Equivalents					0	0	0					



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2016 OF THE WellCare Health Insurance Company of Kentucky, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....01199

NAIC Company Code.....64467

	Individual (Coverage	Group C	overage	5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected	18,313,305	XXX		XXX	18,313,305
2. Earned Premiums	17,490,170	XXX		XXX	XXX
3. Claims Paid	1,085,171	XXX		XXX	1,085,171
4. Claims Incurred	10,055,371	XXX		XXX	XXX
Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)	ХХХ		XXX		0
6. Aggregate Policy Reserves - Change					
7. Expenses Paid	3,097,859	XXX		XXX	3,097,859
Expenses Incurred	3,097,859	XXX		XXX	XXX
Underwriting Gain or Loss	4,711,737	XXX	0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	14,130,275

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$18,952,339 due from CMS or \$due to CMS